

Date	Contact Person (Print Name)	Phone
Name of Dept. Transferring Equipment:		



A. Equipment Identification (Continued from Previous Page)

Inventory Bar Code Number	Description of Each Item	From Location: Building and Room Number <i>(MANDATORY)</i>	To Location: Building and Room Number <i>(MANDATORY)</i>
1.			
2.			
3.			
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24.			

Department Head Approval (Transferring Equipment):		
PRINT Name _____	Signature (Required) _____	Date _____